

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90125 029 ***150.00

DOCUMENT # P99000108240	
1. Entity Name METZ, HAUSER, HUSBAND & DAUGHTON, P.A.	

Principal Place of Business 215 S MONROE ST 505 TALLAHASSEE, FL 32301	Mailing Address P.O. BOX 10909 TALLAHASSEE, FL 32302
---	--

2. Principal Place of Business 215 S. Monroe St. Suite, Apt. #, etc. Suite 505	3. Mailing Address Suite, Apt. #, etc.
City & State Tallahassee, FL	City & State
Zip 32301	Country



05102005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HAUSER, JAMES C 215 S MONROE ST STE 505 TALLAHASSEE, FL 32301	
---	--

7. Name and Address of New Registered Agent Name Warren H. Husband	
Street Address (P.O. Box Number is Not Acceptable) 215 S. Monroe St., Suite 505	
City Tallahassee	Zip Code FL 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Warren H. Husband Signature, typed or printed name of registered agent and title if applicable.	Warren H. Husband Vice-President (NOTE: Registered Agent signature required when reinstating)
	DATE 05/10/2005

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZ, STEPHEN W 215 S MONROE ST STE 505 TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S/T Warren H. Husband 215 S. Monroe St., Suite 505 Tallahassee, FL 32301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSER, JAMES C 215 S MONROE ST STE 505 TALLAHASSEE, FL 32301 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Stephen W. Metz 215 S. Monroe St., Suite 505 Tallahassee, FL 32301 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Warren H. Husband SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 05/10/2005 Date DAYTIME PHONE (850) 205-9000 Daytime Phone #